

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/21/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2010
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NAME OF PROVIDER OR SUPPLIER RCM OF WASHINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 2420 T STREET, SE WASHINGTON, DC 20020
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W 000	INITIAL COMMENTS An initial certification survey was conducted from September 7, 2010 through September 8, 2010. A random sampling of three clients was selected from a current population of five females with various levels of mental retardation and disabilities. Interview with the qualified mental retardation professional during the entrance conference revealed that a sixth client was currently in a rehabilitation facility, however, was expected to return to the group home. The findings of the survey were based on observations at the group home and two day programs, interviews with clients, staff, and the review of clinical and administrative records, including incident reports.	W 000		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on interview, and record review, the facility failed to ensure that the Qualified Mental Retardation Professional (QMRP) coordinated services for one of three clients in the sample. (Client #2) The finding includes: The facility failed to coordinate services to ensure interventions to address Client #2's "chin tapping/hitting", as evidenced below: On September 7, 2010, at 4:30 p.m., while in the	W 159		

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002
9-22-10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Angele Espinoza

Program Director

9-22-10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 159	<p>Continued From page 1</p> <p>dining room, Client #2 was observed to forcefully hit her right chin with the heel of her right hand, causing a "thumping like" noise. During this time, staff supervising the client had left the area for approximately two minutes, to obtain treatment supplies. Another staff was in the living room area, which was approximately fifteen feet away from the client. At 4:35 p.m., the client again repeatedly hit herself on the right side of her chin.</p> <p>On September 7, 2010, at 4:45 p.m., Client #2 again repeatedly hit her chin, after staff had assisted her to complete a peg puzzle. Staff then stated to the client, "Don't do that," and gently pulled the client's hand away from her face.</p> <p>Interview with the QMRP on September 8, 2010, at approximately 10:15 a.m., revealed the interdisciplinary team had discussed Client #2's tapping on her chin. Continued discussion with the QMRP indicated that the psychologist did not think the chin tapping was a self injurious behavior. According to the QMRP, however, the client did not have a behavior support plan (BSP) to address tapping or hitting her chin.</p> <p>On September 8, 2010 at 10:18 a.m., review of Client #2's psychological assessment dated August 10, 2010 revealed the client's tendency to "engage in idiosyncratic tapping of her chin has been discussed at length in earlier reports." According to the psychological assessment report dated August 10, 2010, the tapping of her chin seemed to occur most often when the client is not actively engaged in purposeful activity, and when she is anxious, bored, or in some discomfort. The psychological report revealed that a proactive protocol had been introduced "three years ago, and it had been revised, when more insight about</p>	W 159	<p>Client #2 has a behavioral protocol addressing the "Chin Tapping/ Hitting" . All staff were inserviced on this protocol on</p> <p>Refer to attachment #1</p> <p>In the future, the facility Qmrp will ensure that the individuals' behavior are addressed, and that the appropriate measures are implemented.</p> <p>Client #2 has a behavioral protocol addressing the "Chin Tapping/ Hitting" . All staff were inserviced on this protocol on</p> <p>Refer to attachment #1</p> <p>In the future, the facility Qmrp will ensure that the individuals' behavior are addressed, and that the appropriate measures are implemented.</p>	8-27-10	8-27-10

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W 159	Continued From page 2 her behavior was acquired." The August 10, 2010 psychological assessment also noted, "The proactive strategies focused on recognizing the precursors to increase in tapping, as well as prompt, sensitive and consistent intervention." On September 8, 2010 at 12:45 p.m., further review of Client #2's psychological assessment, dated August 10, 2010, revealed the client had a BSP in the past which addressed facial tapping, however, the document needed revision and the direct care team would need to be trained on the plan. At the time of the survey, however, there was no evidence that the QMRP had coordinated services with the psychologist to ensure the recommended BSP was developed and implemented to address the client's hitting herself on face.	W 159	Client #2 has a behavioral protocol addressing the "Chin Tapping/ Hitting" . All staff were inserviced on this protocol on Refer to attachment #1 In the future, the facility Qmrp will ensure that the individuals' behavior are addressed, and that the appropriate measures are implemented.	8-27-10	
W 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure the maintenance of a mobility devices as recommended by the interdisciplinary team, for two of three clients in the sample. [Client #2 and #3] The finding includes:	W 436			

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W 436	<p>Continued From page 3</p> <p>1. The facility failed to ensure that Client #3 was provided a wedge for positioning in bed as recommended by the physical therapist, as evidenced below:</p> <p>On September 7, 2010 at 8:50 a.m., Client #3 was observed seated in her wheelchair in the living room. Interview group home staff on September 7, 2010 at 9:10 a.m. revealed that the client was wheelchair dependent and required assistance/support for balancing her body when seated outside of the wheelchair.</p> <p>Interview with Client #3's day program instructor on September 7, 2010 at 12:05 p.m. revealed the client had a goal to improve her trunk strength by sitting on the mat two times a day with standby assistance to improve her trunk strength. Further discussion with the Instructor indicated the client participated in the objective, by sitting on a bed-like structure in the treatment room. The instructor stated that the client was only able to tolerate the sitting required by the objective with assistance.</p> <p>Record review on September 8, 2010 at 10:40 a.m. revealed Client #3 had a goal to move from supine to sitting, and a goal to sit on the side of the bed. The client's PT assessment dated November 9, 2010, also revealed a goal was recommended to "improve trunk strength." According to the objective, the client "will sit on the side of her bed for 5 minutes 2 times a day with standby assistance at 100% accuracy."</p> <p>On September 8, 2010 at 10:57 a.m., further review of the PT assessment revealed a recommendation that a wedge be purchased for positioning the client in bed. Interview with the</p>	W 436	<p>Client #3 wedge for bed positioning was purchased, and is currently in place Refer to attachment #2</p> <p>In the future, the facility will management will ensure that all of the individuals's adaptive equipment are in place, and ready for use. To prevent this situation from re occurring extra adaptive equipment will always be kept in the facility.</p> <p>Client #3 wedge for bed positioning was purchased, and is currently in place Refer to attachment #2</p> <p>In the future, the facility will management will ensure that all of the individuals's adaptive equipment are in place, and ready for use. To prevent this situation from re occurring extra adaptive equipment will always be kept in the facility.</p>	<p>8-27-10</p> <p>8-27-10</p>	

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W 436	<p>Continued From page 4</p> <p>staff revealed that the client did not have a wedge to be used for positioning her when in bed. At the time of the survey, there was no evidence that the client had been provided the recommended program support to improve her bed mobility.</p> <p>2. The facility failed to ensure the wheelchair accessible to Client #2 for her distance travel had footrests, as evidenced below:</p> <p>On September 7, 2010 at 9:25 a.m., a direct support staff was observed escorting Client #2 to the van. The client was observed to have severe bilateral leg contractures, however, was able to slowly walk to the van, with the assistance of one staff. Observation on September 8, 2010 at 11:23 a.m. revealed that a manual wheelchair was available at the facility, however it lacked footrests.</p> <p>Interview with the staff on September 7, 2010 at 9:28 a.m., revealed that the Client #2 only used the wheelchair for distance travel. Discussion with the primary LPN and direct support staff on September 8, 2010 at 11:15 a.m., indicated that a wheelchair was available for the client, when it was necessary for her to ambulate "a distance". Interview with QMRP on September 7, 2010 at 1:17 p.m. indicated the footrests may still be packed with items from the move to the new facility.</p> <p>Record review on September 8, 2010 at 11:15 a.m., revealed that the interdisciplinary team recommended that Client #3 be provided a wheelchair for long distance travel. At the time of the survey, there was no evidence the facility had ensured wheelchair foot rests were available for the client's comfort and safety during transport.</p>	W 436	<p>The facility QIDP has contacted the PT who will come to the facility to assess the spare wheelchair to determine the type of footrests needed.</p> <p>The PT will come to assess the wheelchair on _____</p> <p>After the assessment, the spare wheelchair footrests will be ordered, and replaced.</p> <p>In the future, the facility management will ensure that the individuals' adaptive equipment are in good repair, and available for use.</p>	9-29-10	

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Health Regulation Administration

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1 000	INITIAL COMMENTS A licensure survey was conducted from September 7, 2010 and through September 8, 2010. A random sampling of three residents was selected from a current population of five females with various levels of mental retardation and disabilities. Interview with the qualified mental retardation professional during the entrance conference revealed that a sixth resident was currently in a rehabilitation facility, however, was expected to return to the group home. The findings of the survey were based on observations at the group home and two day programs, interviews with residents and staff, and the review of clinical and administrative records, including incident reports.	1 000			
1 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure the exterior of the GHMRP were maintained in a safe and attractive manner for one of the three residents in the sample. (Resident #2) The finding include: During the environmental walk-through on September 8, 2010 at approximately 12:30 p.m., Resident #2's bottom dresser drawer handle was	1 090			

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0000

ROR911

TITLE

Program Director

(X6) DATE

9-22-10

If continuation sheet 1 of 5

Health Regulation Administration

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I 090	Continued From page 1 observed to have a section broken from it. The drawer handle was made of metal, and the broken edge was sharp. During the environmental walk-through, the residential manager acknowledged that the aforementioned damage to the drawer was present.	I 090	Client #2's bottom dresser drawer handle was replaced on In the future, the facility management will ensure that the individuals furniture are in good repair, and maintained in a safe, and attractive manner. The maintenance department and assistant QA will monitor the individuals furniture on a monthly basis to ensure that they are in good repair.	9-21-10	
I 180	3508.1 ADMINISTRATIVE SUPPORT Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans. This Statute is not met as evidenced by: Based on interview, and record review, the GHMRP failed to ensure adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans for one of three residents in the sample. (Resident #2) The finding includes: The facility failed to coordinate services to ensure interventions to address Resident #2's "chin tapping/hitting", as evidenced below: On September 7, 2010, at 4:30 p.m., while in the dining room, Resident #2 was observed to forcefully hit her right chin with the heel of her right hand, causing a "thumping like" noise. During this time, staff supervising the resident had left the area for approximately two minutes, to obtain treatment supplies. Another staff was in the living room area, which was approximately fifteen feet away from the resident. At 4:35 p.m., the resident again repeatedly hit herself on the right side of her chin.	I 180	Client #2 has a behavioral protocol addressing the "Chin Tapping/ Hitting" . All staff were inserviced on this protocol on Refer to attachment #1 In the future, the facility Qmcp will ensure that the individuals' behavior are addressed, and that the appropriate measures are implemented.	8-27-10	

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I 180	Continued From page 2 On September 7, 2010, at 4:45 p.m., Resident #2 again repeatedly hit her chin, after staff had assisted her to complete a peg puzzle. Staff then stated to the resident, "Don't do that," and gently pulled the resident's hand away from her face. Interview with the QMRP on September 8, 2010, at approximately 10:15 a.m., revealed the interdisciplinary team had discussed Resident #2's tapping on her chin. Continued discussion with the QMRP indicated that the psychologist did not think the chin tapping was a self injurious behavior. According to the QMRP, however, the resident did not have a behavior support plan (BSP) to address tapping or hitting her chin. On September 8, 2010 at 10:18 a.m., review of Resident #2's psychological assessment dated August 10, 2010 revealed the resident's tendency to "engage in idiosyncratic tapping of her chin has been discussed at length in earlier reports." According to the psychological assessment report dated August 10, 2010, the tapping of her chin seemed to occur most often when the resident is not actively engaged in purposeful activity, and when she is anxious, bored, or in some discomfort. The psychological report revealed that a proactive protocol had been introduced "three years ago, and it had been revised, when more insight about her behavior was acquired." The August 10, 2010 psychological assessment also noted, "The proactive strategies focused on recognizing the precursors to increase in tapping, as well as prompt, sensitive and consistent intervention." On September 8, 2010 at 12:45 p.m., further review of Resident #2's psychological assessment, dated August 10, 2010, revealed the resident had a BSP in the past which addressed	I 180	Client #2 has a behavioral protocol addressing the "Chin Tapping/ Hitting" . All staff were inserviced on this protocol on Refer to attachment #1 In the future, the facility Qmrp will ensure that the individuals' behavior are addressed, and that the appropriate measures are implemented. Client #2 has a behavioral protocol addressing the "Chin Tapping/ Hitting" . All staff were inserviced on this protocol on Refer to attachment #1 In the future, the facility Qmrp will ensure that the individuals' behavior are addressed, and that the appropriate measures are implemented.	8-27-10 8-27-10

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I 180	Continued From page 3 facial tapping, however, the document needed revision and the direct care team would need to be trained on the plan. At the time of the survey, however, there was no evidence that the QMRP had coordinated services with the psychologist to ensure the recommended BSP was developed and implemented to address the resident's hitting herself on face.	I 180		
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record, the group home for mentally retarded person's (GHMRP) failed to ensure that an annual health screening was performed for each employee, as required by this section for two persons. (Staff #1 and Consultant #1) The finding include: On September 7, 2010, at approximately 9:30 a.m., the qualified mental retardation professional (QMRP) was requested to obtain various records from the administrative office for review during the survey. On September 8, 2010, at approximately 12:00 p.m., the review of provided records revealed expired health certificates for direct support	I 206	Consultant #1's Health certificate is currently on file. Refer to attachment #3 DSP #1's health certificate was completed, and will be brought to the office on In the future, the provider will ensure that all of the employees files are updated, and that record are available upon request.	9-24-10

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I 206	Continued From page 4 personnel (DSP) #1 and Consultant #1. Interview with the QMRP during the review confirmed that the health certificates for the aforementioned persons were expired.	I 206	Consultant #1's Health certificate is currently on file. Refer to attachment #3 DSP #1's health certificate was completed, and will be brought to the office on 9-24-10 In the future, the provider will ensure that all of the employees files are updated, and that record are available upon request.		